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ABSTRACT

Though personnel preparation programs for interventionists working with infants, toddlers, and preschoolers focus on the same competencies, there is content which is unique to teaching the infant or toddler in the home and teaching a preschooler in the classroom. Content is suggested for training early interventionists to deliver services to 0-2-year-old children in home-based settings, recognizing the different roles such practitioners fulfill in relation to families. The training should emphasize: (1) family intervention skills, including assessing family needs, recognizing family strengths, identifying resources, helping effectively, listening and attending, and understanding adult learning strategies; and (2) child intervention skills, including knowledge of infant learning techniques, caregiver-child interaction, observation skills, medical issues, working in non-traditional settings, utilizing formal and informal community resources, and effectively functioning as part of a team. (Author/JDD)

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Training Needs for Direct Service Personnel Providing Services to 0-2 Year Olds With Handicaps

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Abstract

Early Childhood Special Educators who work with handicapped infants and toddlers and their families need very specialized training. Content for such training includes information on intervening with families, such as identifying family needs, supporting and strengthening families, identifying informal networks, and promoting independence through effective help-giving. Professionals interacting with families with handicapped infants and toddlers need to have communication skills such as listening and attending skills and primary and advanced empathy. Adult learning strategies are essential for the interventionist to be effective in teaching family members effectively. Infants and toddlers learn differently from preschoolers. Interventionists need to understand the uniqueness of infant learning as well as the construct of caregiver-infant interaction. Interventionists need to possess sharp observation skills to augment traditional assessment and intervention materials. Information about medical issues is pertinent to the practitioner working with infants, toddlers, and their families. Interventionists need to feel comfortable working within non-traditional settings such as the home or clinic. Interventionists need to help families navigate through the interagency maze. Working on a team is another area which is essential to those working with infants, toddlers, and their families. This suggested content is based on the premise that infants and toddlers are unique in their learning style, have various needs which need to be met in the community, and live in a family which is the most important element of their life.

Training Needs For Direct Service Personnel Providing Services To 0-2 Year Olds With Handicaps

There are differences in roles, content areas, and skills needed by interventionists who work with 0-2 and 3-5 year old handicapped children. Traditionally handicapped children who are 0-2 and 3-5 have been served in different settings. Services for 0-2 year olds are usually home-based. Center-based services are usually provided for 3-5 year olds. The roles interventionists play in these two settings are quite different. For the purposes of this paper, programs for 0-2 will be referred to as home-based and programs for 3-5, as center-based.

In general, personnel preparation programs have prepared early interventionists to work with infants, toddlers, and preschoolers as if competencies for such work were the same (Bricker & Slenz, in press; McCollum & McCartan, 1988). There are some common competencies for interventionists teaching infants, toddlers, and preschoolers. Some of these include various assessment, intervention, and observation techniques. But there is also content which is unique to teaching the infant or toddler in the home and teaching a preschooler in the classroom. This suggested content is based on the premise that practitioners in home-based services for 0-2 year olds play different roles particularly in relation to families. The roles practitioners play and the setting for intervention dictate the need for unique content related to family intervention, family-professional interaction, listening and attending skills, helping behaviors with families, adult learning strategies, infant development and learning, caregiver-child interaction, observation skills, medical issues, non-traditional environments, interagency knowledge, and team skills.

This paper will elaborate on the diverse content needed to prepare early interventionists to deliver services to 0-2 year olds.

Family Intervention

The family is the basic unit of nurture, care, and socialization in our culture. Interventionists form intimate relationships when working with infants, toddlers, and their families. Personnel in home-based programs have more roles related to families than personnel working in center-based programs (McCollum, 1987). These roles include communicating with family members about the needs of the family and the child, teaching parents to work with the child, and planning family involvement activities (McCollum, 1987). Personnel in home-based programs need to have a thorough understanding of family systems, family dynamics, the importance of social support, and the ethnic and cultural values in families. This awareness will engender a supportive relationship in working with families of handicapped infants and toddlers.

Home-based interventionists need a variety of competencies in working with families. These competencies are discussed in this section. These family intervention competencies include helping families identify needs, supporting and strengthening families, identifying informal networks and resources, and using effective help-giving behavior.

Assessing Family Needs

The first step in family intervention is helping families identify and clarify their needs (Dunst, Trivette, & Deal, 1988). Identifying needs with families requires the skills of gathering verbal and nonverbal information about needs. Another need is the skill of taking a paper and pencil needs assessment form and guiding the family through the process of elaborating upon and prioritizing needs. Knowledge of the process of assessing needs is

essential to responsive family intervention.

Recognizing Family Strengths

Supporting and strengthening families is important to responsive family intervention (Dunst, Trivette, & Deal, 1988). Skill in accomplishing this requires knowledge about family dynamics, a positive attitude, and supportive behaviors. Interventionists need to develop sensitivity in looking for family strengths and then supporting the family in mobilizing those strengths.

Identifying Resources

Identifying informal networks and resources is helpful in allowing the family to see who in their immediate network is able to provide support. This type of support is more effective and lasting. Interventionists need skills in promotion which will help the family use their informal networks and resources to meet their identified needs.

Effective Helping

Effective helping means promoting a partnership with the family and allowing the family to mobilize their resources independently (Dunst, Trivette, & Deal, 1988). Helpers who collaborate in a partnership with families to solve problems and identify goals will engender independent behavior. Help-givers may engage in many roles with the family in the process of giving help. Some of these are: empathetic listener, teacher/therapist, consultant, resource person, enabler, mobilizer, mediator, and advocate (Dunst, Trivette, & Deal, 1988). Interventionists need an understanding of the multiple roles they may play with the family as intervention proceeds. A thorough understanding of help-giving will enable the interventionists to be supportive, responsive, and effective in promoting family independence in meeting needs.

Listening and Attending

There is a great deal of interaction between families and professionals in programs for 0-2 year olds. This interaction takes the form of listening to family concerns, attending to family needs, teaching the family, helping the family identify resources, and assisting the family in solving problems. Another essential ingredient of interaction between families and professionals is the use of adult learning strategies when interacting and teaching adults in the family.

Interacting with the family in an empathic way is a skill needed by interventionists. Learning listening and attending skills, reading nonverbal as well as verbal cues, and guiding family members through the process of identifying problems and needs is essential for interventionists working with families (Egan, 1986). In regard to teaching family members how to do procedures with the child, knowledge of some basic adult learning strategies is important.

Adult Learning

The learning environment is very important for effective adult learning. The learner needs to feel respected, accepted, and supported (Knowles, 1980). The use of needs assessments helps the adult feel that the learning is self-directed. Self-diagnosis of needs is essential for the adult to feel involved in the process of learning (Knowles, 1980). Both learner and teacher need to take some responsibility for the learning. It is better if the learning experience is a partnership, rather than an unequal relationship. Treating adults in the family with respect and acknowledging them as competent human beings is helpful in carrying out effective family intervention. These competencies in family intervention cover the essential elements of providing responsive family intervention to families of 0-2 year olds.

Child Intervention

Infant Learning

The learning style of the infant is a dynamic process of social interaction which facilitates the development of communication and social skills. Social interaction plays a central role in the organization of future learning (Thorp and McCollum, in press). Caregivers play an important role in fostering social and communicative competence in the infant. Supporting the family's interaction style is essential in helping the infant develop. Effective personnel need to understand the dynamics of the family as well as the elements of positive caregiver child interaction.

Infants spend less time in group settings. There is more time spent with the dyad. This has implications for the person working with infants. Caregivers are prime targets for intervention goals because they are instrumental in helping the infant achieve communicative and social competence (Thorp and McCollum, in press). Freedom to actively explore the environment is essential for infant learning. Personnel need to understand the uniqueness of infant learning to maximize the environment for the infant's exploration.

Caregiver-Child Interaction

Personnel need to understand and support positive parent-child interaction. This is another domain which is central to home-based services. Interacting with an infant in a responsive manner is essential to the infant's health, growth, and development. The interactive abilities of infants are myriad. The key to positive development in infancy is a responsive, contingent, trusting environment for the infant or toddler. Personnel need to have knowledge and skills about supporting parent-child interaction and intervening with parents as needed to engender a responsive relationship with their young child.

Observation Skills in Working with Infants

Infant development is dynamic. The interventionist needs to have observational skills so that the behavior of the infant can be qualitatively assessed. These observational skills are helpful in assessing development, selecting intervention targets, and making skills more functional (Caruso & Favcett, 1986).

Medical Issues

Medical issues surround at-risk and handicapped infants in this decade. Medical issues range from prematurity to chromosomal anomalies or other medical status which makes the infant fragile. Familiarity with medical settings, terminology, and technology is needed by personnel who work with families with medically vulnerable infants (Bricker & Slenz, in press).

Interventionists need knowledge of the handicapping conditions which make infants in need of special education services. Knowledge of prematurity sequelae are needed for personnel. Interventionists need to have basic knowledge of medical issues as well as the ability to work with families as they cope with these issues. Families sometimes must live with the uncertainty of not knowing the diagnosis during the first few weeks or months of life. On the other hand, sometimes the diagnosis is clear from the time of birth and the role of the interventionist is to enable the family to adjust to the diagnosis.

Non-traditional Settings

Many handicapped infants are involved in services in non-traditional settings such as the home or hospital (Bricker & Slenz, in press). This fact makes it necessary for practitioners to have training related to working in the home and the medical setting (NCU or hospital clinic). Working in the home is very different from working in a classroom. The interventionist is a

guest in the home setting and there is less control over the environment. Interventionists need adequate training in working within these non-traditional settings so they will feel comfortable in carrying out intervention.

Interagency Awareness

It is essential for practitioners who work with infants, toddlers, and their families to understand the milieu of the larger local delivery system as well as state and national initiatives (Thorp & McCollum, in press). Legal mandates are a must for the infant interventionist. Interventionists need to know local and state regulations which affect services provided like referral and program planning. An awareness of formal and informal community resources is also essential to supporting the family and delivering intervention services to infants, toddlers, and their families.

Skills Working on a Team

Most infants and toddlers are served by a team of professionals. The skills for working within a team process are essential for interventionists. The ability to function in various roles on a team as communicator, facilitator, compromisor, partner, or leader is important. The ability to communicate with other adults about intervention issues is a necessary skill. Participation in "role release," or letting go of territory, helps the team process run smoothly. Interventionists need to understand the team process and various roles they may play in carrying out this process so that families can benefit from the services of all team members.

Conclusion

Training programs in Early Childhood Special Education which train direct service personnel to work with handicapped infants and toddlers and their families need to offer specialized content. This content needs to include the

topics discussed in this paper. This content was included because interventionists working with 0-2 year olds play different roles compared to interventionists working with 3-5 year olds. It is important to differentiate the skills needed by personnel in fulfilling different roles (i.e. classroom, home, health clinic) with different aged children.

Table 1

Competency Areas for Direct Service Personnel Delivering Services to 0-2 Year Olds

Family Intervention
Assessing Family Needs
Recognizing Family Strengths
Identifying Resources
Effective Helping
Listening and Attending
Adult Learning
Child Intervention
Infant Learning
Caregiver-Child Interaction
Observation Skills in Working with Infants
Medical Issues
Non-traditional Settings
Interagency Avareness
Skills Working on a Team

Table 2

Family Intervention With 0-2 Year Olds

Family Intervention
Ability to assess family needs
Ability to recognize family strengths and family functioning style
Ability to help family identify their informal network and resources
Ability to help in a proactive manner, listening and attending by communicating understanding, empathy, and support
Knowledge of adult learning

Table 3

Training Content Needs for Direct Service Personnel Providing Services to the 0-2 and 3-5 Year-Old Population

AGE: 0-2

- Awareness of the important role of the **FAMILY**
- Understanding of the infant as a unique learner
- Ability to observe
- Understanding of medical issues
- Skill in teaching adults
- Listening and attending skills
- Ability to work on a team
- Ability to support parent-child interaction in a positive way
- Ability to work in different environments, i.e. home, hospital
- Interagency skills

AGE: 3-5

- Ability to organize a classroom learning environment
- Ability to observe, assess, and intervene appropriately with young children
- Ability to plan learning activities
- Ability to work with parents individually or in groups
- Ability to work with consultants
- Skill in using various teaching strategies with young children

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